

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/1073204	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9	1						59					
10		1					60					
11							61					
12		1					62					
13							63					
14							64					
15	1						65					
16		1					66					
17							67					
18		1					68					
19	1						69					
20		1					70					
21							71					
22		1					72					
23							73					
24							74					
25							75					
26							76					
27		1					77					
28	1	1					78					
29		1					79					
30							80					
31		1					81					
32							82					
33		1					83					
34							84					
35		1					85					
36	1						86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	10						TOTAL IND.					
TOTAL DEP.	30	1	1	1	1	1	TOTAL DEP.	1	1	1	1	1
TOTAL CLAIMS	30	1	1	1	1	1	TOTAL CLAIMS	1	1	1	1	1

BEST AVAILABLE COPY